

The members of the Perinatal Advisory Committee were sent the Certificate of Need application for Erlanger East (CN1601-002) for their review and comments. Erlanger East is requesting approval to add Level III NICU services within their facility. They are requesting a 10-bed unit, with beds being transferred from Erlanger Medical Center. The facility already has Level II services. Comments were received from six members. Specific comments are listed below.

1. One member stated that a 10-bed unit would be too small to be efficient and to provide quality services; they would need 15 beds. However, in further comments, it is stated that they are expanding their level II beds from 6 to 12 under a previously approved CON and then requesting moving 10 Med/Surg beds already approved from Erlanger to Erlanger East. This will give them a 22-bed NICU which is an appropriate size. The justification is that the NICU is overloaded at Erlanger. This seems appropriate as long as Erlanger East can provide appropriate ancillary services and available sub-specialists, surgical services, and services for neonates with multidisciplinary issues.
2. The information provided describes the Level II and Level III NICU services as separated. Every Level III unit has step-down beds. This information is not clear.
3. One member commented that he agrees with the application; the total number of beds will exceed the Leapfrog recommendation for appropriate care.
4. On page 43 of the application it is stated that the new unit will participate in data reporting with the Erlanger main campus. It is recommended that Erlanger East have their own reporting to the Vermont Oxford Network (VON), not combined with the Erlanger main campus.
5. References in the application were made to the main campus NICU at Erlanger as a Level IV NICU. Unless changes have been made to add ECMO, bypass type cardiac surgery, etc., Erlanger does not meet the current criteria in the Regionalization Guidelines.
6. There was concern stated that establishing the Level III NICU will increase the numbers of complex maternal problems at Erlanger East, and that the obstetricians may divert from using the maternal-fetal medicine specialists at Erlanger.
7. Splitting the nursing staff at both institutions will diminish quality of care by placing well-trained individuals with novices in both centers.
8. It was not clear if the neonatal group would be the same at both Erlanger East and Erlanger; being the same will remove variance in patient care protocols. If there are two separate groups, there can be significant variation in care protocols.
9. Another solution was proposed by one member: Add beds to the main campus Erlanger NICU, and slowly increase the complexity of care at Erlanger East to the point that Level III babies could be easily cared for there. Expand the Level II nursery with a Level III floor plan and equipment and make the transition slowly, coming back later for CON approval to convert Level II beds to Level III.